

County of Imperial
Medical Bi-Weekly Premium Rates

Effective July 2008

MEDICAL	Employee Only	Employee & Spouse	Employee & Children	Employee, Spouse & Children	Dual Coverage
COI Contribution	152.10	324.61	226.96	399.47	346.69
Plan I	39.81	87.04	89.70	136.94	-0-
Plan II	27.60	62.63	75.90	110.40	n/a
Plan III	-0-	-0-	-0-	-0-	n/a

DENTAL/VISION	Employee Only	Employee & Spouse	Employee & Children	Employee, Spouse & Children
Gifted Dental/Vision	12.77	28.49	29.22	43.44
Self-Funded Dental	10.54	19.59	20.26	29.60
Dental Health Services	10.54	19.59	20.26	29.60
Vision Service Plan	1.56	3.48	3.57	5.31

Dual Coverage

Both spouses working for the County of Imperial are eligible for Plan 1 at no cost to either employee

Gifted Dental/Vision

Dental & vision insurance coverage at no cost to employees for Bargaining Units: A-Management; B-Department Heads; I-Sheriff's Association; K-Public Safety Supervisory Unit; J-Public Safety Management; L-Probation and Correction Peace Officer; O-Management Court; S- Firefighters)

**County of Imperial Employees
Blue Shield Medical Plan
Effective July 2008**

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	Plan I	Plan II	Plan III
Maximum Lifetime Benefit Per Employee, Retiree or Dependent	\$5,000,000	\$5,000,000	\$5,000,000
Annual Deductible (1)			
Individual	\$250	\$500	\$750
Family	\$500	\$1,000	\$2,250
In-Hospital Deductible (2)	\$ 250 per incident	\$ 250 per incident	\$ 250 per incident
Co-Insurance			
Preferred Providers	20%	20%	20%
Out-of Pocket Limit	\$ 2,000	\$ 4,000	\$ 4,000
Non-Preferred Providers	40%	40%	40%
Out-of Pocket Limit	\$ 4,000	\$ 8,000	\$ 8,000
Prescription Drug Benefit			
Deductible per individual	\$ 100 Separate Deductible	\$ 100 Separate Deductible	\$ 250 Separate Deductible
Co-insurance	20%	20%	20%
Chiropractic Benefit			
Annual Maximum	80% \$125	80% \$125	Not Covered Not Covered
Nervous & Mental Disorder			
Inpatient Services	\$ 10K Lifetime Max	\$ 10K Lifetime Max	\$ 10K Lifetime Max
Outpatient Services	50% up to \$500/year	50% up to \$500/year	50% up to \$500/year
Cost Containment (3)	Included	Included	Included

Applies to Plan I, II and III

Preventive Care Benefits	PPO	Non-PPO
	<i>Deductible waived</i>	<i>Deductible Applied</i>
Annual Health Appraisal Examination		
- Annual physical examination	20%	Not covered
- Routine laboratory services, annual mamogram, pap-test, or cervical cancer & HPV screening, annual prostate examination	20%	40%
Well Baby Care Benefits		
- Office visits including eye/ear screening & immunizations, outpatient routine new born circumcision.	20%	Not covered
- Routine laboratory services	20%	40%
Immunizations & vaccinations including flu shot	20%	Not covered
Colorectal cancer screening	20%	Not covered
Osteoporosis screening (medically necessary)	20%	40%
Nurse support	No charge	Not covered

- (1) Deductible waived for Inpatient Services provided by El Centro Regional Medical Center and Pioners Memorial Deductible and Co-Insurance waived for Mexicali, (Mexico) Preferred Providers (PPO).
- (2) In-Hospital deductible is separate from the Annual Deductible and may be charged for inpatient services provided in El Centro Regional Medical Center and Pioneers Memorial Hospital
- (3) Second Surgical Opinion, Hospital Pre-Certification, Length of Stay Review, Pre-Admission Testing and Medical Case Management.